

# OCADU **MSA**

MUSLIM STUDENT ASSOCIATION

## MEMBERSHIP FORM 2019/2020

**Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

***As a student at OCAD University, and a member of the Muslim Student Association, I  
\_\_\_\_\_ will do my best to fulfill my duties to the  
Muslim students at OCAD, to adhere to the constitution, and to respect my peers  
and work with them to the best of my abilities.***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_